

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-719721

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		①		1		
8	1		1			
9		1		1		
10	1		1			
11		3		1		
12	1		1			
13		1		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		3		1		
20		①		1		
21	1		1			
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100						
TOTAL IND.	7		7			
TOTAL DEP.	27		16			
TOTAL CLAIMS	34		23			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS